

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1	1				52						
3		1	1				53						
4		1	1				54						
5		3	1				55						
6		3	1				56						
7		3	1				57						
8		3	1				58						
9		3	1				59						
10		3	1				60						
11		3	1				61						
12		1	1				62						
13		1	1				63						
14		1	1				64						
15		3	1				65						
16		3	1				66						
17		3	1				67						
18		3	1				68						
19		3	1				69						
20		3	1				70						
21		3	1				71						
22			1				72						
23			1				73						
24			1				74						
25			1				75						
26			1				76						
27			1				77						
28			1				78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1				1		TOTAL IND.						
TOTAL DEP.	48				35		TOTAL DEP.						
TOTAL CLAIMS	49				41		TOTAL CLAIMS						